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Respect Yourself, Protect Yourself

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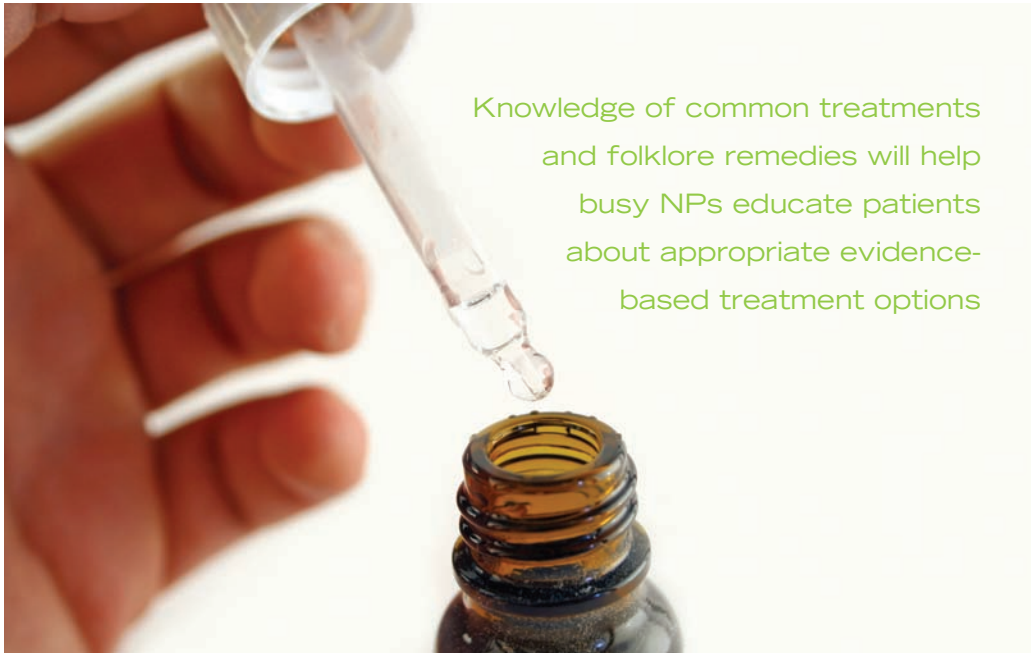
Respect Yourself, Protect Yourself

An Educational Campaign About Vaginitis
in the Dominican Republic

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Cien Fuegos, an area of Santiago, Dominican Republic, is a community of extreme poverty, poor living accommodations, lack of resources and unsanitary conditions. On a recent medical mission trip to Cien Fuegos, we became aware while working in the mission clinic that use of folklore and self-treatment of vaginal symptoms was common. Douching with white vinegar is the most commonly used remedy. Women rely on neighbors or friends advice for treatment of

common problems. They don't question if an unidentified pill, tea or liquid potion is given to them to use in the vagina. Based on our experience, a literature review (CINAHL, EBSCO, MedLine and PubMed) and interviews with community physicians and mission clinic patients from the Dominican Republic, it became apparent that patient education and trust in health care providers could help foster a decrease in the incidence of problematic vaginal infections (physician interviews were essential, as there are no advanced practice nurses in



Knowledge of common treatments and folklore remedies will help busy NPs educate patients about appropriate evidence-based treatment options



Santiago). Previous mission clinics and relationships developed in Cien Fuegos have paved the way within the community to provide a trusting relationship with the health care providers in the mission clinic. Residents feel they are very lucky and blessed to be the recipients of care provided by volunteers from a Christian-based mission (Barnabas Task). The Dominican women trust the local physicians but lack the financial resources to make office visits possible.

The Problem

Vaginitis is a problem worldwide (Secor, 2011), and women around the world may benefit from community-centered, evidence-based education that teaches basic hygiene, safe sex practices and women's rights. In fulfillment of a final capstone project for a Master of Science in Nursing degree, author Gura and fellow graduate student, Candice Campbell, RN, developed an educational module entitled *Respect Yourself, Protect Yourself*. The inspiration for the module title came from multiple assessments of the culture and behavior of Dominican women. Although the program title has been widely cited in various fields in literature from 1840 to 2011, the need for self-respect, empowerment and self-protection was clearly evident in Cien Fuegos, thus prompting the use of those terms in the program title. The module focuses on issues of vaginal hygiene, vaginitis, sexually transmitted infections (STIs) and women's rights. This

module is intended to be sent to Cien Fuegos and implemented in a women's group at a local church. Although this module was prepared for the women of Cien Fuegos, this information could be adapted for women of other cultures.

About Vaginitis

Vaginal infections are a frequent gynecologic complaint, accounting for more than 10 million office visits a year (Van Kessel, Assefi, Marrazzo, & Eckert, 2003). Nurse practitioners (NPs) often see patients in the clinical setting who present with symptoms of candidiasis, bacterial vaginosis and trichomoniasis. Knowledge of common treatments and folklore remedies will help busy NPs educate patients about appropriate evidence-based treatment options.

Causes and Risk Factors

Vaginitis can affect women of all ages, race and cultures. Vaginitis is defined as an irritation and/or inflammation of the vagina (Hillard, 2008). Bacteria, fungus, protozoa and allergens are all causes of vaginitis. Bubble baths, soaps, vaginal contraceptives, laundry detergents, feminine sprays and perfumes may contribute to irritation in the genital area (Vorvick, Storck, & Zieve, 2010). The estrogen-depleted vaginal cells of postmenopausal women result in dryness, vulvar irritation and itching. Box 1 lists the three most common types of vaginitis, as well as symptoms, diagnosis and treatment.

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Folklore Hygiene Practices

Many women utilize folklore hygiene practices to maintain cleanliness, whether simply to cleanse the vaginal area or for other personal reasons. Patient questioning at the clinic in Cien Fuegos revealed that it's a common cultural trend taught at an early age from mothers, aunts or other women in the culture. Dominican women have various personal hygiene options available, but they aren't commonly utilized due to lack of monetary resources and lack of education. Tampons, sanitary pads and soap are available at local markets. Tampons are seldom used due to myths, such as tampons may damage the vagina, cause women to lose their virginity or could get stuck in the body.

Women may use shirts, fabric or towels to contain menses. Douching and use of yogurt, boric acid, tea tree oil and garlic are some folklore self-remedies women use to self-treat vaginitis. Douching is the most common folklore practice for vaginitis discussed in the literature (Martino & Vermund, 2002; McKee, Baquero, Anderson, Alvarez, & Karasz, 2009; McKee, Baquero, Anderson, & Karasz, 2009).

Douching

Douching is a widespread phenomenon among minority ethnic women and women of lower socioeconomic status. Douching is known to change the vaginal environment by altering the pH, thus increasing the risk for infections. Laboratory testing shows that certain douche

preparations kill pathogenic organisms while maintaining *Lactobacilli* in the vagina, but more confirmative studies need to be done (Van Kessel et al., 2003). Antiseptic and povidone iodine-containing douches destroy the entire flora, including the *Lactobacilli*. Saline and vinegar eliminate infectious microorganisms but don't affect the *Lactobacilli* (Van Kessel et al.). More frequent vaginal infections are seen in women who douche. Box 2 highlights reasons why some women choose to douche.

Yogurt

Yogurt with *Lactobacilli* is an often recommended homeopathic remedy for treatment of yeast infections (Reid, 2001). It's thought that *Lactobacilli* recolonization can prevail with the use of

Box 1.

Overview of Three Main Types of Vaginitis

Agent	Symptoms	Diagnosis	Treatment
Candidiasis (Yeast) <i>Candida</i>	Irritation Burning No odor Pain White clumpy discharge	pH normal (4.0 to 4.5) Microscopy: Yeast/Hyphae No increase in PMNs	<i>Intravaginal</i> Clotrimazole 1% cream 5 g for 7 to 14 days Miconazole 2% cream 5 g for 7 days Terconazole 6.5% ointment 5 g × 1 dose <i>Oral</i> Fluconazole 150 mg po × 1 dose
Bacterial Vaginosis <i>Anaerobic</i>	Thin white-gray discharge Itching	pH >4.5 Positive whiff-amine test (fishy odor)	<i>Intravaginal</i> Metronidazole gel 0.75% × 5 days Clindamycin cream 2% × 7 days
<i>Gardnerella Vaginalis</i>	Burning Irritation	Clue cells on wet mount	<i>Oral</i> Metronidazole 500 mg po bid x 7 days
<i>Mycoplasma Hominis</i>	Malodor after menses or intercourse		
Trichomoniasis	Frothy, green discharge	pH >4.5	<i>Oral</i> Metronidazole 2 g po × 1 dose Metronidazole 500 mg po bid x 7 days Tinidazole 2 g po × 1 dose
<i>Trichomonas Vaginalis</i>	Itching Abnormal bleeding Elevated WBCs on wet smear	Motile trichomonads	

Source: Adapted from CDC (2010).



Box 2.

Reasons Why Women Choose to Douche

Vaginal hygiene
Prevention or treatment of infection
Pregnancy prevention
To increase attractiveness to partner
Folklore practice
Cultural practice

oral or intravaginal administration. But *Lactobacilli* need to survive through the gastrointestinal tract, as vaginal colonization is thought to occur from migration from the anus to the vaginal mucosa. Typical store-bought yogurts contain *Lactobacillus acidophilus*, which will survive gastrointestinal digestion but doesn't adhere to the vaginal mucosa if used vaginally (Van Kessel et al., 2003). Recent research has shown that *Lactobacillus crispatus* and *L. jensenii*, two strains of *Lactobacillus* compounded in capsules taken orally, are capable of restoring the acidic vaginal pH via hydrogen peroxide production (Van Kessel et al.). These capsules can be obtained in a health food store or a compounding pharmacy.

Boric Acid

Vaginal boric acid is an increasingly common alternative therapy for treatment of vaginitis. Vaginal boric acid is administered in a dose of 600 mg per day for 2 weeks as a powder placed in a gelatin capsule and inserted vaginally at bedtime (Van Kessel et al., 2003). The actual function of boric acid utilized in the cure of vaginitis is undetermined, but it's believed that boric acid has a fungistatic activity. This activity is mediated by vaginal acidification, resulting in fungal cell wall penetration and disruption of the fungal cell membrane (Russell-De Lucas, 2010).

Tea Tree Oil

Tea tree oil has been used as a holistic option for treating vaginitis. Tea tree oil has antimicrobial as well as antifungal capabilities. Tea tree oil disrupts the cell membrane, allowing potassium to leak, which ruptures the bacterial or fungal wall (Van Kessel et al., 2003). Tea tree oil can be placed in gel caps and then inserted into the

vagina, poured onto a tampon and inserted into the vagina or may even be added to a warm sitz bath (Van Kessel et al.). More definitive studies need to be done to understand the complexity of tea tree oil in the treatment of vaginitis.

Garlic

Garlic has been used to treat yeast infections because of its antifungal properties. Inserting one garlic tablet or a garlic clove wrapped in cheesecloth into the vagina every few hours has been used as a "natural" yeast cure. Garlic supplements may be consumed orally until symptoms vanish (Cohain, 2003). However, research has yet to identify a product containing garlic that will singularly cure yeast vaginitis (Angotti, Lambert, & Soper, 2007).

Over-the-Counter Medications

Women tend to seek over-the-counter (OTC) medications to treat vaginitis because of convenience, cost savings and the ability to self-treat quickly without visiting a health care provider. Health care providers may be reluctant to recommend OTC treatment, as this may hinder diagnosis and mistreat the existing problem (Theroux, 2005). However, with confirmed diagnosis and patient education, self-treatment can be a reliable option for many women.

The high cost of OTC medications is a concern to both health care providers and consumers. Approximately \$135 million annually is spent on OTC treatment of vaginitis (Theroux, 2005). At times, products are purchased

Box 3.

Insights into Self-Treatment

Fear and embarrassment of pelvic exams
Cultural association and stigma
Shame, self-blame and disgust
Convenience
Cost savings
Easy access to over-the-counter medications
Media/advertisements
Fear of diagnosis of sexually transmitted infection



unnecessarily in attempts to treat self-diagnosed vaginitis. Self-diagnosis may lead to unnecessary treatment when vaginitis is not even present. While many of the same symptoms exist between vaginitis and STIs, OTC medications do not provide a cure for STIs. This may result in transmission of the STI to a sexual partner. Pelvic inflammatory disease may result as a more serious complication of an untreated STI (Theroux). Women who are having these symptoms need to seek care from a health professional to ensure accurate diagnosis. Insights into individual decisions for self-treatment are outlined in Box 3.

Role of Self-Esteem

Contributing to the growing incidence of vaginal infections and STIs is the issue of women's lack of self-esteem and self-respect (Salazar et al., 2011; Scott-Sheldon et al., 2010; Tyke, 2007). Having more than one partner and not using a condom every time increases a woman's risk for infection. Not all

The intent is to provide a small group of female participants with engaging, educational activities regarding the importance of basic female hygiene

women are aware of their rights to say no to sex or to demand partner condom use. Due to cultural and relationship stigmas, women tend to not put their health and self-worth at the forefront. Self-assertiveness in a relationship may lead to intimate partner violence, thus making it more difficult for women to exercise their rights.

Nursing Implications

Advanced practice nurses have a commitment to provide current, evidence-based information to women in their communities. The NP role includes health care advocacy and provision of nonjudgmental care. NPs have a key role in assessment of various vaginal symptoms and a woman's decision to self-treat. Women's views on how vaginal symptoms affect well-being and

daily living are very individualized. Acknowledgment by NPs of patients' reasoning behind self-treatment may help them understand women's treatment decisions. This allows NPs to resolve misconceptions, confirm accurate information and determine patient education needs with regard to self-treatment.

Respect Yourself, Protect Yourself Education Module

Respect Yourself, Protect Yourself is an education module that seeks to educate women about feminine hygiene, vaginitis, STIs and women's basic rights. The content of this module serves to educate sexually active women about behavioral interventions that reduce their risk for vaginal infections and STIs. A



Box 4.

BINGO Game

B	I	N	G	O
Confidential	Hygiene	Prevention	Abstinence	Men
Vaginitis	Risk	Treatment	Say “no”	Women
Discharge	Chlamydia	*	Bacterial vaginosis	Empowerment
Yeast	Sex	Vaginal	STI	Itch
Trichomonas	Marriage	Condom	Odor	Burn

program manual is provided to train a nonmedical person of the program's content and goals. The intent is to provide a small group of female participants with engaging, educational activities regarding the importance of basic female hygiene. The women of Cien Fuegos are at risk for poor hygiene due to lack of resources, poor living conditions, unsanitary conditions and lack of clean running water. An additional focus is on women's rights, which are often not upheld in this community or around the world. The module is designed for use in numerous settings as appropriate, including high schools, colleges, church groups and in an informal clinic setting. The program was written in English with the intent for translation to occur upon completion. A medical student from Pontificia Universidad Catolica Madre y Maestra (PUCMM), also an interpreter during the mission clinic, took responsibility for ensuring cultural accuracy, translation and implementation of the module within the community.

Implementation

Activities were developed to educate women about female hygiene, vaginitis, STIs and empowerment regarding sexual rights. The intent is active involvement and discussion building about each of these topics. Beginning with a small group, gift bags with donated personal hygiene items are provided as an example of

hygiene care options. Silicone pink bands have been provided for each woman with *Respect Yourself, Protect Yourself* imprinted on each.

Slide presentations on vaginal hygiene, STI prevention and empowerment are key components of the educational module. An educational poster was also developed.

Two educational games are included in the module. A BINGO game (see Box 4) is used to promote awareness and increase participant knowledge. The game begins with a facilitator reading a definition of a word learned from the education module. The participants, basing their answers on prior teaching, match the definition to a word on the BINGO card. Multicolored condoms are being used as BINGO markers to encourage safe sex practices. Another activity uses fictional scenarios to facilitate the completion of a jigsaw puzzle. The participants are asked a question in relation to the scenario about STIs and women's rights. Their correct answers, found on eight jigsaw pieces, allow for completion of the puzzle.

Through these activities and discussions, the intent is to foster a sense of community and facilitate a change in cultural attitudes. Rothman and Tropman's (1987) theory, developed to enhance positive change within a community, states that “empowerment is a process by which individuals and communities gain mastery over their lives by becoming enabled to take power

and then to act effectively to transform or change their environments” (Fife-Schaw & Abraham, 2009, p. 13). Despite the theory not being written specifically about Dominican women, its basis of developing empowerment in the individual and community supports the theme of the module. An increased sense of control (empowerment) may promote positive health changes for women (Fife-Schaw & Abraham, 2009).

Our module was written for health promotion and to encourage behavioral changes to improve women’s vaginal health. Health education aims to dispel myths and teach simple facts about female hygiene and infection prevention among women of a community. Promoting change may challenge cultural norms; therefore, close attention should be given to individual responses to teaching. Individual assessment of the potential for intimate partner violence should be considered when teaching personal empowerment to women. Ultimately, in the future, education for men will need to be incorporated to ensure complete understanding within the couple relationship and the community.

Evaluation

To ensure sustainability of this educational module in Cien Fuegos, ongoing evaluation will continue. Following each teaching session, feedback from module leaders and participants will be shared with the coauthor through the two universities. Ongoing assessment of behavioral needs will occur through dialogue with community medical leaders and during future mission trips. Collaborative agreements, being developed between the two universities, will ensure future medical missions, continued education and expanded provision of health care in Cien Fuegos.

Conclusion

Vaginal infections and STIs are prevalent worldwide. Many women who turn to folklore and self-treatment are opting to use home remedies or OTC regimens

because of convenience and easy access. These treatment options, while culturally acceptable, may worsen the initial problem. By providing education to small groups of women within a community, NPs and other nursing professionals can promote a nonthreatening, trust-based relationship with women. Providing educational tools that spark discussion and foster learning can begin the process of empowering women, thus promoting improved hygiene and safe sex practices. Access to care, accurate assessment, prompt diagnosis, treatment and especially education can all help reduce the incidence of vaginitis. Education of women and the community is a key component for success. **NWH**

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